

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10707401

FILING DATE 12/11/04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2							52								
3		1					53								
4		3					54								
5		3					55								
6		3					56								
7							57								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.	11						TOTAL DEP.								
TOTAL CLAIMS	12						TOTAL CLAIMS								